

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26683

1. PLACE OF DEATH

County Jackson  
Township Waverly  
City Kan City (No. St. Lukes Hosp)

Registration District No. 399  
Primary Registration District No. 100

File No. 3440  
Registered No. 3440  
St. 11 Ward

2. FULL NAME

(a) Residence, No. 3705 E-27 St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Patience D. Rose</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 5 - 1904</u>		
7. AGE <u>29</u>	YEARS <u>4</u>	MONTHS <u>53</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inspector 114</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cher Plant 10</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
13. NAME <u>Lee Rose</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
15. MAIDEN NAME <u>Ella Mae Baker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kan</u>		
17. INFORMANT <u>Ma Allen Rose</u> (ADDRESS) <u>100 E. 27th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>Aug 30 33</u>		
19. UNDERTAKER <u>H. H. Bergman</u> (ADDRESS) <u>100 E. 27th</u>		
20. FILED <u>8/30</u> 19 <u>33</u> M. M. Browne <u>Don</u> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 33, 1933, to Aug 28, 1933  
I last saw him alive on Aug 28, 1933. Death is said to have occurred on the date stated above, at 7:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset 7/21/33  
Pulmonary abscess right side middle lobe 7/21/33  
gangrene of lower lobe at side 7/21/33  
which followed aspiration pneumonia (not tuberculosis) 7/21/33  
(Other contributory causes of importance: Had embolism from infection from root teeth extractions 7/29/33)  
Name of operation none Date of 7/29/33  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify EA Burkhardt (Signed) 3346 Summit K.C. Mo. (Address) no, M. D.

E. A. Burkhardt  
3346-Permitt  
ME-1703